

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

WAR
CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 APR 30 AM 8:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 01000050319
1. Corporation Name
CELLULAR CONSULTANTS, INC.

100180066181
05/03/10--01016--014 **150.00
CR2E081 (11/09)

2. Principal Office Address - No P.O. Box # <u>112 EAST 5TH AVE</u>		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>HAVANA, FL</u>		City & State	
Zip <u>32333</u>	Country <u>USA</u> GUATEMALA	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida <u>MAY 2002</u>	
5. FEI Number	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
DUANA PALMER

Street Address (P.O. Box Number is Not Acceptable)
112 EAST 5TH AVENUE

Suite, Apt. #, Etc.

City
HAVANA

State
FL

Zip Code
32333

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent Duana Palmer Date 4-30-2010

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>Pres</u>	<u>DUANA PALMER</u>	<u>112 EAST 5TH AVENUE</u>	<u>HAVANA, FL 32333</u>
	<u>05/4</u>		

10. E-mail Address: ccc-help@gmail.com
(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Duana Palmer Date 4-30-2010 850-537-2010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #